

Rhode Island Department of Business Regulation
Application for Medical Marijuana Cultivator License

Authorized Signatory

Date

Joseph L Welch, CEO
Printed Name

FORM 2*

Disclosure of Owners, Investors, Managers and Controlling Parties

Part I: Ownership Structure

List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.

Dirtworx, LLC	Title	SSN/FEIN	DOB	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
[REDACTED]	Warwick RI	02886	Phone Number ([REDACTED])	
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant		
Joseph L Welch	CEO	[REDACTED]	[REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
[REDACTED]	Warwick RI	02886	Phone Number ([REDACTED])	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
Susan C. Welch	COO	[REDACTED]	[REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
[REDACTED]	Warwick RI	02886	Phone Number ([REDACTED])	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
Alexander F. Welch	President	[REDACTED]	[REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
[REDACTED]	Warwick RI	02886	Phone Number ([REDACTED])	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
Tyler Greenless	Head Grower	[REDACTED]	[REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	Warwick RI	02886	Phone Number ([REDACTED])	

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Dirtworx, LLC					
Bishop L. Gains	Facilities Manager			App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Warwick	RI	02886	Phone Number ()	
Timothy A Schartner	Head Licensed Horticulturist			App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Exeter	RI	02822	Phone Number ()	

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest
None other than owners			

Authorized Signatory

Joseph L. Welch
Printed Name

11/30/2016

Date